MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	\					
2		\				
3		\				
4		\				
5		\				
6		\				
7		\				
8		\				
9		\				
10		\				
11	\					
12		\				
13		\				
14		\				
15		\				
16		\				
17		\				
18	\					
19		\				
20		\				
21	\					
22		\				
23		\				
24		\				
25		\				
26		\				
27		\				
28		\				
29	\					
30		\				
31		\				
32		\				
33		\				
34		\				
35		\				
36		\				
37		\				
38		\				
39		\				
40		\				
41		\				
42		\				
43		\				
44		\				
45		\				
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	40					
TOTAL CLAIMS	45					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS